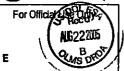
US Departme of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

s report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 1080/	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name JOHN MEDING	Name NPMHU, LOCAL 321
	Labor Organization File Number 089397
PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 7767 QUIVAS ST.	Street 1833 W. ELK PLACE
City DENVER	City DENVER
State GO. ZIP Code + 4 80221-4227	State CO. ZIP Code + 4 802:11***
5 Position in labor organization STATE EXECUTIVE BOARD M	IEMBER 2
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent
monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name, if any)	on represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent
6 Name and address of Employer (including trade name, if any)	on represents or is actively seeking to represent
6 Name and address of Employer (including trade name, if any) Name	on represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
Mame I rade Name, if any	on represents or is actively seeking to represent
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any	on represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street	on represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	on represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount 7 b Amount Pergury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
monetary value from an employer whose employees your organization. Name	7 a Nature of Interest, Transaction, or Income 7 b Amount 7 b Amount Pergury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the cition on penalties in the instructions)
monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	7 a Nature of Interest, Transaction, or Income 7 b Amount 7 b Amount Pergury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filling JOHN M. MEDING	Fue Number 0-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business employer whose employees your labor organization represents or is actively seeking to represent, or y part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name FIRST HEALTH	X a Labor Organization	
Trade Name, if any	b Trust	
P O Box, Bldg , Room No , if any	c Employer	
Street 3200 HIGHLAND AVE.		
City DOWNERS GROVE		
State ILL ZIP Code + 4 60605		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	CONVENTION MEAL/MYSELF & WIFE = \$50.00 8/23/04 CONVENTION MEAL/MYSELF & WIFE = \$50.00 8/25/04	
Trade Name, if any	CONVENTION MEAL/MYSELF & WIFE = \$60.00 8/27/04	
P O Box, Bidg , Room No , if any	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Street	11 b Approximate dollar value of such dealing .\$160.00	
	12 a Nature of interest held or income received	
State ZIP Code + 4		
	1 -	
	12 b Amount.	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name		
Trade Name, if any	,	
P O Box, Bidg , Room No , if any		
Street	- 1	
City		
State ZIP Code + 4	.,	
13 b is the Business an Employer or Consultant?	14 b Amount of payment	
	<u> </u>	